

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44287

**FILED
May 15, 2006
Secretary of State**

Entity Name: PROFESSIONAL CARE I, INC.

Current Principal Place of Business:

11355 SW 84 ST.
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

11355 SW 84 ST.
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0340771 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROIZ, OSCAR L
11355 SW 84 STREET
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAHAM, JACOB
Address: 11355 SW 84 STREET
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: SHAHAM, HELEN
Address: 11355 SW 84 STREET
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB SHAHAM

PD

05/15/2006

Electronic Signature of Signing Officer or Director

_____ Date